



AMVETS DEPARTMENT OF FLORIDA
1327 Prairie Valley Lane
Riverview, FL 33579
eMail: hodjohnson@aol

LIFE MEMBERSHIP TRANSMITTAL FORM

1. Complete this Life Membership Transmittal Form and send two copies to AMVETS Department of Florida. Save one copy for your Post's records.
2. Submit a check or money order for dues and identify the purpose, i.e., National and Department portion of Life Membership dues. Life Membership dues are \$250. National receives \$125, the Department and the Post retains \$62.50 each. Life Member conversion is \$215. National receives \$110.00, the Department and Post retain \$52.50.
3. Indicate special mailing instructions in the "Send Card To:" section.

Department of Florida _____ Date: _____
Post Number: _____ City: _____
Post Name: _____

Membership Status: New Member
 Current Member Number (Life Conversion)
 Date Joined: _____

Member Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Home Phone: _____ Mobile Phone: _____

Sex: Male Female Date of Birth: _____

Branch of Service: _____ Type of Discharge: _____

Month and Year Entered: _____ Month & Year Discharged: _____

Name of Spouse: _____

Sponsor: _____

Send Card To: _____

